2000 Iowa Individual Income Tax Short Form IA 1040A

For full-year lowa residents only.

STEP 1: Place	your label or fill in	oelow. You MUST fill in your Sc	ocial Security N	umber.				
Last name		Your first name/middle initial	Social Securit	y Number	•			
Α.								
Spouse's last name		Spouse's first name/middle initial	Social Securit	y Number	•	Your Occupation	•	
В.								
Current mailing addre	ss (number and street, apartr	nent, lot or suite number) or PO Box			Are your name,	Spouse's Occupation	•	
					your spouse's name, if applic-			
City, State, ZIP					able, and your address the same	Residence	e on 12/31/00	
					as on last year's	County No.	Sch.Dist.No. ●	
STEP 2: Filing	g Status: Mark one	e box only.			return?	School Dis	trict Name	
1 Single: We	ere you claimed as a	dependent on another person's	Iowa return?	YES	□NO ▲	1	thot rame	
2 Married fili	ing a joint return.							
		ng person. If qualifying person i	s not claimed a	s a depe	endent on this retu	rn, enter the pers	on's name and	ŀ
6 Qualifying	widow(er) with deper	ndent child. SSN here. Name	:			SSN:		
STEP 3	a Perso	onal Credit: Enter 1 (Enter 2 if filing	ioint or head of ho	usehold)	•	x \$ 40 -	\$	
	100	1 for each spouse who is 65 or older a					\$	
Exemption Credits	filing jointly)	ndents: Enter 1 for each dependent.						
Oreans		first names of dependents here:						
	u. Linter	mist hames of dependents here.				ε. ΤΟΤΑΕ ψ		
STEP 4 1. To	otal wages, salaries,	tips and unemployment compe	nsation			1		00
	axable interest. If mo	re than \$400, complete Schedu	ıle B			2		00
Figure 3. Ta	axable dividends. If r	nore than \$400, complete Sche	dule B			3		00
income 4. No	et income. Add lines	1, 2, and 3. See page 6 for pe	ossible exemp	tion fror	n tax	4. 🔺		00
5. Fe	ederal income tax re	fund received in 2000				5. 🛦	(00
6. TO	OTAL. Add lines 4 ar	nd 5				6	(00
7. Fe	ederal tax payment inf	ormation. (a) Federal tax withheld		a	. 🛦	.00		
		(b) Additional paid in 2000 f	for 1999 and any pr	ior year . b	. 🔺	.00 7		00
8. In	come subject to tax. S	ubtract line 7 from line 6. If greater	than \$51,700 ye	ou must u	ise IA 1040 long for	m8	(00
STEP 5 9. Ta	ax from tables. See t	ax tables on pages 9-14. OR a	ternate tax beg	inning o	n page 6	9. 🛦		00
		s from Step 3						
Figure 11. lo	wa Earned Income C	redit. (Federal credit \$	0. X	65)		11. 🔺		00
your 12. To	otal credits. Add line	s 10 and 11				12		00
credits 13. B.	ALANCE. Subtract lir	ne 12 from line 9. If less than z	ero, enter zero			13. 🛦		00
and	chool District Surtax	Emergency Medical Services S	urtax. Tables s	start on p	page 15	14. 🛦		00
contri- 15. Fi	ish and Wildlife Fund	Contribution				15. 🛦		00
butions 16. S	tate Fairgrounds Rer	ovation Contribution				16. 🔺		00
17. To	otal Tax and Contribu	itions. Add lines 13 through 16.				17		00
18. Id	wa income tax withh	eld from Box 18 of your W-2 fo	rm(s)			18. 🔺	(00
STEP 6 19. If	line 18 is more than	line 17, subtract line 17 from li	ne 18. This is y	our REF	UND	19. 🔺	(00
호 20. If	line 18 is less than lir	ne 17, subtract line 18 from line 1	7. This is the AM	O TNUO	F TAX YOU OWE	20. 🛦		00
Figure 21. P	enalty. See page 8					21. 🛦		00
Prefund 22. In	terest. See page 8.					22. 🛦		00
	OTAL AMOUNT DUE	. Add lines 20, 21, and 22 and	enter here			23. 🛦		00
amount M	ake your check pay	able to TREASURER, STATE	OF IOWA					
ždue								
POLITICAL C	HECKOFF.	SPOUSE A	YOU		Next year, (check one)		_
See page 8	. This checkoff does	\$1.50 to Republican Party		publican F				_
not increase	e the amount of tax	\$1.50 to Democratic Party	\$1.50 to De		alty = 1 Dor	uld like a booklet wit not send me a bookle		∂I.
† you owe or c	lecrease your returnu.	\$1.50 to Campaign Fund	\$1.50 to Ca	mpaign Fu	ınd 1. Bo i	Tot don't mo a booking		
PLEASE		are under penalty of perjury that I (we) have rue, correct, and complete return. Declaratio						
	omougo and bollot, it is a l	.as, someor, and complete return. Decidiatio	or proparer (uniel ti	.a.r taxpaye	, bassa on an inionilat	or willou the preparer	as any knowleage	
SIGN HERE	Your Signature	r	Date Preparer's	Signature			Date	
SIGN HERE								_
	Spouse's Signature	1	Date Address					
 Verify your Social Security Number(s) 	Daytime Telephone Number		Douting To	lephone Nu	ımher	l.a	dentification Numbe	
Recheck your math Attach all W-2s.	Daytime Telephone Number	DEPARTMENT OF REVENUE AND F	•	·				
Audon dii VV-25.		HOOVER STATE OFFICE BUILDING DES MOINES IA 50319-0120		Inis	return is due Ap	rii 30, 2001. 41-080	(10/10/00)	1



2000 IA 1040A Schedule B

Interest and Dividend Income

Name(s) as shown on page 1 of the IA 1040A

Social Security Number

Note: You must report all taxable interest and dividends on IA 1040A, even if you are not required to complete Schedule B.

PART I:

INTEREST

You must complete Part I if you received more than \$400 in interest in 2000. Interest income which should be reported includes earnings from savings and loan associations, mutual savings banks, cooperative banks, credit unions, and bank deposits; State and municipal bonds, and interest from tax refunds. Do not report interest from Federal securities. See instructions, page 5.

INCOME

Interest Income. List Names of All Payers.

.00 .00
00
.00
.00
.00
.00
.00
.00
.00
.00
.00
.00
.00
.00
.00
.00

PART II:

You must complete Part II if you received more than \$400 in gross dividends in 2000. Deduct that portion of any net dividend from mutual funds that is attributable to Federal securities. See instructions, page 6.

DIVIDEND

Dividend Income. List Names of All Payers.

INCOME

Name of Payer	AMOUNT
	.00
	.00
	.00
	.00
	.00
	.00
	.00
	.00
	.00
	.00
	.00
	.00
	.00
	.00
Total Taxable Dividend Income. Add the amounts; enter here and on IA 1040A, line 3	.00